



Planned Home Births in Ireland; 2018-2020

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in collaboration with the Designated Midwifery Officers (DMOs) on behalf of the Health Service Executive (HSE)

Purpose

The purpose of this audit is to examine both the maternal and fetal outcomes of planned home births, including outcomes whereby the care of the woman is transferred for hospital care in the antepartum, intrapartum or postpartum period.

Consequently, this report aims to provide data to firstly ascertain adherence to the national evidence-based guidelines, protocols and standards and, secondly, to provide evidence which facilitates maternity healthcare providers to review practice in the home setting, where appropriate.

Methods

From 2018-2020, 22 primary Self Employed Community Midwives (SECMs) in Ireland provided a home birth service on behalf of the HSE, as well as the midwifery teams providing an integrated hospital community service. As outlined in the MOU between HSE and the SECMs, each SECM is required to partake in clinical audit.

Maternity records of midwifery care are sent by the SECM to the DMO in their respective HSE area. The DMO reviews the maternity records, then collates the data using a standardised audit tool and that data are forwarded to the National Perinatal Epidemiology Centre (NPEC) for analysis.

Pathway of Care

The HSE National Home Birth Service can be provided to women who are considered at normal risk.

When a woman enquires about having a home birth, she can contact a DMO or the SECM directly, or book directly with the small number of hospitals providing an integrated community service. The criteria for home birth is discussed with the woman and eligibility for the service is agreed.

An application form and consent is signed between the midwife and the woman, and then forwarded to the DMO or manager of the service to confirm eligibility. Some women may require a further individual assessment by a Consultant Obstetrician.

The DMO informs the Director of Public Health Nursing, Local Public Health Nurse, the woman's GP, the Director of Midwifery at the maternity hospital where the mother is booked and the Administration Department of the HSE, Local Health Office (LHO) about the forthcoming home birth.

Women intending to have a home birth are advised to register with a GP and also to register and avail of services with a maternity hospital of their choice. The SECM will be the primary carer for the mother and child up to 14 days after the birth.

Results



0.3%
of births occur at home in Ireland

From January 1st 2018 to December 31st 2020, there were 848 women who were registered for a home birth. Of these, 489 women gave birth at home.

The number of women planning a home birth gradually increased over the triennial period with n=231 in 2018, n=272 in 2019 and n=345 in 2020.

The distribution of home births by HSE region is markedly different to the overall distribution of births nationally.

Almost two-thirds of the women who were registered for a home birth had a previous birth (68.0%, 69.9% and 65.5% for 2018, 2019 and 2020), see Table 1.

Table 1: Parity of women who were registered for a home birth, 2018-2020.

Parity	Home births 2018 N=231 N(%)	Home births 2019 N=272 N(%)	Home births 2020 N=345 N(%)	All births ^{15,16} 2018-2019 N=118,569 (%)
Nulliparous	74(32)	82(30.1)	119(34.5)	38.8%
Parous	157(68)	190(69.9)	226(65.5)	61.2%

The number of antepartum visits by the midwives to women who were registered for a home birth ranged from one to 16 visits. The mean number of antepartum visits to the women was six.



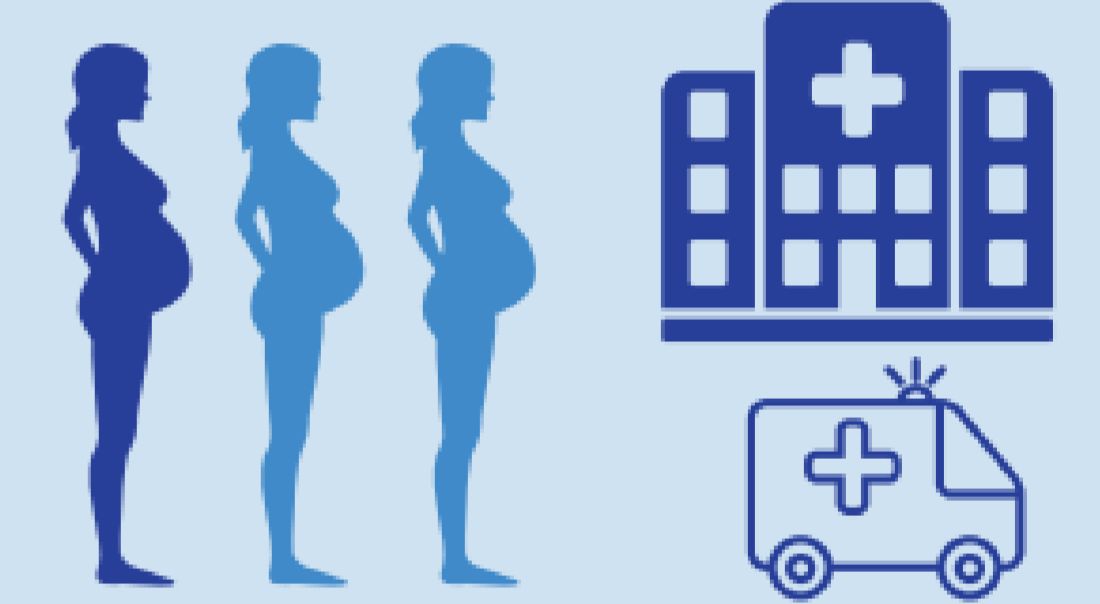
Average number of visits **6**

The average number of antepartum visits by the Self Employed Community Midwife (SECM) to women registered for a homebirth was six.

Of the 848 women who were registered for a home birth, 283 (33.4%) were referred to a maternity hospital due to complications arising during the antepartum period.

1-in-3

One in three women were transferred to a maternity hospital due to complications arising during the antepartum period.



Of the 627 women who began labouring at home, 136 (21.7%) were transferred to a maternity hospital during labour.

More than ninety percent of intrapartum transfers occurred during the first stage of labour (n=121, 91.7%). The mean time it took to transfer was 32.1 minutes, with 57.9% of women being transferred by ambulance and the remainder by private car.

Eighteen of the infants born at home were transferred to hospital for review.

Thirty-eight women who gave birth at home were transferred in the postpartum period (which is considered from birth to 6 weeks) for care in a maternity unit.

Women who birthed at home were on average discharged 14 days after the birth of their infants from the care of the SECMs.

On the day of the home birth, 97% of women were breastfeeding exclusively, with 95% breastfeeding exclusively on the day of discharge from the care of the SECMs.

95%
breastfeeding
On the day of discharge

Recommendations

- Maternity units should consider identifying a liaison obstetrician or a specific home birth clinic for women who are registered with the home birth services in Ireland. This would assist in establishing effective assessment, referral and/or transfer pathways, providing a point of contact for the women and their SECMs.
- The NPEC should continue collaboration with the DMOs to further develop the home birth audit form to allow for more accurate data to be captured. By improving the quality of the audit form and the data collected, it will ensure that evidence-based care continues to be reviewed.